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て な 1000 賞 TRANSMITTAL FORM	Filing Date	October 24, 2000 Sakhrat Khizroev			
	First Named Inventor				
(to sed for all correspondence after initial fil	(ing) Art Unit	2652			
(to the seed for all correspondence after initial fil	Examiner Name	David D. Davis			
Total Number of Pages in This Submission	Attorney Docket Number	284867-00005			
	ENCLOSURES (Check all tha	nt apply)			
Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Supplemental Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application	Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Addrage of Correspondence Addrage Terminal Disclaimer Request for Refund CD, Number of CD(s) Remarks	Other Enclosure(s) (please Identify below): - marked-up version of claims - fee determination record - Form PTO/SB/08A - 5 documents - return postcard RECEIVEL			
Response to Missing Parts under 37 CFR 1.52 or 1.53		JUN 0 2 2003			
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for FY 2003		First Named Inventor				Sakhrat Khizroev			
Exercise 01/01/2003. Patent fees are subject to annual revision	n.	Examiner Name				David D. Davis			
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Name (Print/Type) Alan G. Towner	L	(Attorney	ation No. /Agent)	32	2,949	Telephone	412.263	.4340	
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Application or Docket Number 09 / 695,679 PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 OTHER THAN CLAIMS AS FILED - PART I OR SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) NUMBER FILED NUMBER EXTRA FOR RATE FEE RATE FEE BASIC FEE (37 CFR 1.16(a)) OR TOTAL CLAIMS 20 0 minus 20 = X S (37 CFR 1.16(c)) OR INDEPENDENT CLAIMS 3 0 (37 CFR 1.16(b)) OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR TOTAL OR TOTAL * If the difference in column 1 is less than zero, enter "0" in column 2. CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 2) (Column 3) SMALL ENTITY (Column 1) SMALL ENTITY CLAIMS HIGHEST **PRESENT** RATE REMAINING NUMBER ADDI-RATE ADDI-**EXTRA** TIONAL TIONAL ENDMENT PREVIOUSLY AFTER AMENDMENT FEE FEE PAID FOR Total (37 CFR 1.16(c)) 23 Minus 20 3 18_ 54 X \$ OR Independent (37 CFR 1.16(b)) Minus 3 3 0 84 = 0 X \$ = OR 0 FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE ADD'L FEE 54 OR (Column 1) (Column 2) (Column 3) HIGHEST CLAIMS PRESENT REMAINING NUMBER RATE ADDI-RATE ADDI-EN **AFTER PREVIOUSLY EXTRA** TIONAL **TIONAL** AMENDMENT PAID FOR FEE FEE Minus **JENDME** Total (37 CFR 1.16(c)) OR Independent (37 CFR 1.16(b)) Minus X \$ OR Ž FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 3) (Column 2) CLAIMS HIGHEST \mathbf{C} **PRESENT** REMAINING NUMBER RATE ADDI-RATE ADDI-ENT PREVIOUSLY **EXTRA** TIONAL TIONAL AFTER AME<u>NDMENT</u> PAID FOR FEE FEE ENDME Total (37 CFR 1.16(c)) Minus OR Independent (37 CFR 1.16(b)) Minus X S OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

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